

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD OF AND APPARATUS FOR MANUFACTURING COMPLEX SHAPES

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on September 14, 1999

PCT Application Serial No. PCT/AU99/00776

and was amended on

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

### Prior Foreign Application(s)

PP5877 (Number)	AUSTRALIA (Country)	14 September 1998 (Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)

### Priority Claimed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Serial No. 09/787,173

Filed ~~xxx~~ Issued: May 14, 2001

For: METHOD OF AND APPARATUS FOR MANUFACTURING COMPLEX SHAPES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled \_\_\_\_\_  
METHOD OF AND APPARATUS FOR MANUFACTURING COMPLEX SHAPES \_\_\_\_\_ described in

- ☐ the specification filed herewith  
☒ application serial no. PCT/AU99/00776  
filed 14 September 1999  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a non-profit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization  
☐ persons, concerns or organizations listed below \*

\* NOTE: Separate verified statements are required from each person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. 1.27)

FULL NAME ANTON, Con  
ADDRESS 14 - 16 Home Street, THOMASTOWN, Victoria 3074, AUSTRALIA

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN  
☐ NON-PROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN  
☐ NON-PROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

- ☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN  
☐ NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in the loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

I hereby declare that all statements made herein on my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

ANTON, Con

NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

Signature of  
InventorSignature of  
InventorSignature of  
Inventor

Date

Date

Date

10-5-01

(Application Serial No.)

(Filing Date)

(Status)  
(patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status)  
(patented, pending, abandoned)

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**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

**EDWIN D. SCHINDLER, Registration No. 31,459**

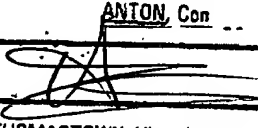
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Full name of sole or first inventor	ANTON, Con
Inventor's signature	
Residence	14-16 Horne Street, THOMASTOWN, Victoria 3074, AUSTRALIA
Citizenship	AUSTRALIA
Post Office Address	Same As Above
Full name of second joint inventor, if any	
Second inventor's signature	
Residence	
Citizenship	
Post Office Address	

(Supply similar information and signature for third and subsequent joint inventors.)